

ATTACHMENT TO COMPLAINT ALBERT V. NICOL V May 12, 2020

SEVERENCE (BASED ON YEARS OF SERVICE) AND DAMAGES (psychological /emotional) \$61,439.82 (Sixty One thousand four hundred thirty nine dollars and eighty two cents)

COST OF ALTERNATIVE MEDICAL CARE & SUPPORT INCLUDING (Airfare,) to ALABAMA &SPECIAL DIET\$ 7,046.45 (Seven thousand and forty six dollars and forty five cents)

OTHER EXPENSES \$6086.00 (Six thousand and eighty six dollars)

CARE COST TRRANSPORTATION FOOD AND BOARD

GRAND TOTAL \$74,572.27 (Seventy four thousand five hundred seventy two dollars and twenty seven cents)

By : ALBERT NICOL

QUEENELLA NICOL-HILL

CYNTHIA NICOL-MYER

EEOC



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: NICOL First Name: ALBERT MI: V.
 Street or Mailing Address: 18813 CREEPER LANE Apt or Unit #: _____
 City: GAITHERSBURG County: MONTGOMERY State: Md Zip: 20879
 Phone Numbers: Home: (301) 250-8975 Work: () -
 Cell: 301-250 8975 Email Address: N/A

Date of Birth: 08/21/54 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? LIBERIA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: CYNTHIA NICOL MYER Relationship: SISTER
 Address: 801 2032 City: SILVER SPRING State: Md Zip Code: 20915
 Home Phone: 240-353-9183 Other Phone: ()

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: SUNRISE SENIOR LIVING

Address: 7902 - WEST PARK DRIVE County: _____
 City: MCLEAN State: VA Zip: 22102 Phone: () MAPLEWOOD PARK PLACE

Type of Business: RETIREMENT Job Location if different from Org. Address: 9707 OLD GEORGE RD BETHESDA

Human Resources Director or Owner Name: ANDREA COLEMAN Phone: () _____

Number of Employees in the Organization at All Locations: Please Check (✓) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: JANUARY 1998 Job Title At Hire: SECURITY OFFICER

Pay Rate When Hired: 7.50/HR Last or Current Pay Rate: _____

Job Title at Time of Alleged Discrimination: SUPERVISOR Date Quit/Discharged: _____

Name and Title of Immediate Supervisor: OSCAR BLANCO

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
 i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 12/19/16 Action: HAD A STROKE FOR WHICH MY DOCTOR GAVE ME TIME OF 2 WEEKS AT A TIME TO RECOVERATE!

Name and Title of Person(s) Responsible: OSCAR BLANCO, SECURITY MANAGER

B. Date: _____ Action: SECURITY MANAGER SAID I HAD TO RESIGN BECAUSE IT HAD BEEN SEVERAL MONTHS. HE COULD NOT KEEP MY JOB OPEN

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I HAD BEEN IN THEIR EMPLOY FOR ABOUT 19 YEARS
I GOT A STROKE, COULD NOT WALK, TWISTED FACE + MOUTH. I WAS

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title? THE SECURITY MANAGER SAID HE COULD NOT KEEP MY JOB ANY LONGER. I SHOULD RESIGN, I MUST RESIGN

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. <u>N/A</u>			
B. _____			

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A. <u>N/A</u>			
B. _____			

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A. <u>N/A</u>			
B. _____			

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now but I did have one
- No disability but the organization treats me as if I am disabled
- MY DISABILITY HAPPENED DURING MY 19TH YEAR OF WORK

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

SEEING PROPERLY, DIFFICULTY WALKING, WEAK, BALANCING PROBLEM, MEMORY LOSS, * DISORIENTATION, MORE OFTEN STRESSED.

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

- Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

YES & DIFFERENT MEDICATION. (WILL FAX IF NEEDED)
AND A CANE TEMPORARILY

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

- Yes No COULD NOT FUNCTION OR THINK WITH MY STROKE

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. ANDREA COLEMAN	PERSONNEL DIRECTOR	AT MAPLE WOOD PARK PLACE	301-530-0500
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing:

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

July 12, 2017
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a).
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1801.12(b) and 29 CFR 1826.6(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

#6 ~~concerned.~~
TOLD THAT I MUST RESIGN. THEY WERE
NO LONGER GOING TO KEEP MY JOB POSITION
FOR ME. I WAS STILL IN CRITICAL CARE
ATTENDING BACK + FORTH TO THE HOSPITAL.
I WAS GIVEN NO SEVERENCE FOR MY YEARS
OF YOUTHFUL SERVICE



**U.S. Equal Employment Opportunity Commission
Baltimore Field Office**

G.H. Fallon Federal Building
31 Hopkins Plaza, Suite 1432
Baltimore, MD 21201
(410) 209-2237
TTY (410) 962-6065
Fax: (410) 209-2221

Respondent: SUNRISE SENIOR LIVING
EEOC Charge No.: 846-2017-13883
FEPA Charge No.:

July 9, 2018

Albert V. Nicol
P.O. Box 2032
Silver Spring, MD 20915

Dear Mr. Nicol:

This is with reference to your recent written correspondence or intake questionnaire in which you alleged employment discrimination by the above-named respondent. The information provided indicates that the matter complained of is subject to the statute(s) checked off below:

- Title VII of the Civil Rights Act of 1964 (Title VII)
- The Age Discrimination in Employment Act (ADEA)
- The Americans with Disabilities Act (ADA)
- The Equal Pay Act (EPA)
- The Genetic Information Nondiscrimination Act (GINA)

The attached EEOC Form 5, Charge of Discrimination, is a summary of your claims based on the information you provided. Because the document that you submitted to us constitutes a charge of employment discrimination, we have complied with the law and notified the employer that you filed a charge. Before we investigate your charge, however, you must sign and return the enclosed Form.

To enable proper handling of this action by the Commission you should:

- (1) Review the enclosed charge forms and make corrections.
- (2) Sign and date the charges in the bottom left hand block. For purposes of meeting the deadline for filing a charge, the date of your original signed document will be retained as the original filling date.
- (3) Return four of the signed charges to this office and keep one for your records.

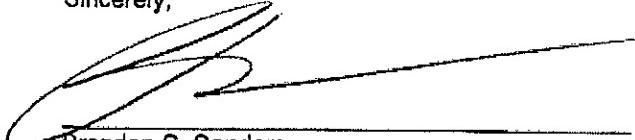
Before we initiate an investigation, we must receive your signed Charge of Discrimination (EEOC Form 5). Please sign and return the charge within thirty (30) days from the date of this letter. Under EEOC procedures, if we do not hear from you within 30 days or receive your signed charge within 30 days, we are authorized to dismiss your charge and issue you a right to sue letter allowing you to pursue the matter in federal court. Please be aware that after we receive your signed Form 5, the EEOC will send a copy of the charge to Montgomery County, Maryland, Office of Human Rights 21 Maryland Avenue Suite 330 Rockville, MD 20850 as required by our procedures. If that agency processes the charge, it may require the charge to be signed before a notary public or an agency official. The agency will then investigate and resolve the charge under their statute.

The quickest and most convenient way to obtain the contact information and the status of your charge is to use EEOC's Online Charge Status System, which is available 24/7. You can access the system via this link (<https://publicportal.eeoc.gov/portal>) or by selecting the "My Charge Status" button on EEOC's Homepage (www.eeoc.gov). To sign in, enter your EEOC charge number, your zip code and the security response. An informational brochure is enclosed that provides more information about this system and its features.

While your charge is pending, please notify us of any change in your address, or where you can be reached if you have any prolonged absence from home. Failure to cooperate in this matter may lead to dismissal of the charge.

Please also read the enclosed brochures, "What You Should Know Before You File A Charge With EEOC" and "What You Should Do After You Have Filed A Charge With EEOC," for answers to frequently asked questions about employee rights and the EEOC process. If you have any questions, please call me at the number listed below. If you have to call long distance, please call collect.

Sincerely,



Brandon S. Sanders
Investigator
(410) 209-2212

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.
www.eeoc.gov

Enclosure(s)

- Copy of EEOC Form 5, Charge of Discrimination
- Copy of EEOC Brochure, "What You Should Know Before You File A Charge With EEOC"
- Copy of EEOC Brochure, "What You Should Do After You Have Filed A Charge With EEOC"
- EEOC Online Charge Status System Tip Sheet